



# Dangerous Waste Annual Report Verification Form

**2000**

Washington State Department of Ecology  
Hazardous Waste Information  
P. O. Box 47658  
Olympia, WA 98504-7658  
(800) 874-2022 (within state)  
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

## Site Location Information

RCRA Site ID: **WAR 000 009 241**  
Company Name: **Alaskan Copper & Brass Co CTL**  
Site Location: **4700 COLORADO ST**  
City/State/Zip: **SEATTLE, WA 98134** County: **KING**  
Dept. of Revenue Tax Registration Number: **578-033-053** Primary SIC : **5051**  
Current company name if different from above \_\_\_\_\_

**This Report is  
Due  
No Later Than  
March 1, 2001**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

### 1a The mailing address for this site is:

Name: **Alaskan Copper & Brass Co**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**

### 1b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_

### 2a The legal company/agency owner of this site is:

Name: **Alaskan Copper Co Inc**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 2b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Did the company ownership of this site change in 2000?

- ☐ Yes Date: \_\_\_\_\_  
(continue to the right):  
☐ No (go to 3a):

I represent the

- ☐ Current Company Owner  
☐ Previous Company Owner

This report covers waste activity for:

- ☐ Entire year  
☐ My term of ownership only

### 3a The land owner of this site is:

Name: **Alaskan Copper Co Inc**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 3b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 4a The contact for site visits and inspections is:

Name/Title: **Jim Brown**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: **572**

### 4b

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 5a The contact for annual report forms is:

Name/Title: **Jim Brown**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 5b

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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AKC-0019838

## 6. Generator Status and Waste Management Activities

Indicate the facility's generator status for 2000 by checking the appropriate boxes below. If your status has changed from last year, please use the Comments section (#8, below) to explain.

### 6a. Generator Status

- ☐ Large Quantity Generator (LQG)
- ☐ Medium Quantity Generator (MQG)
- ☐ Small Quantity Generator (SQG)
- ☐ No regulated dangerous waste generated

### 6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility
- ☐ For waste generated by other facilities

### 6d. Excluded On-Site Waste Management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule - (PBR)
- ☐ Recycling without prior storage or accumulation

### 6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
- ☐ Transporter for commercial purposes
- ☐ Transfer facility

## 7. Report Summary

Please check off which forms are included in this report and provide the total number of pages. For electronic data submittal, please indicate method of your submission.

### 7a. Paper Form Submittal

- ☐ Verification (VF) Form
- ☐ Generation and Management (GM) Form
- ☐ Off-site Identification Information (OI) Form
- ☐ Waste Received (WR) Form
- ☐ Recycling Credit documentation attached

### 7b. Electronic Data Submittal

- ☐ Verification (VF) Form (paper only)
- ☐ Disk(s) included
- ☐ Data submitted on Internet
- ☐ Recycling Credit documentation attached (paper only)

Total Number of pages submitted

## 8. Comments

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## 9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature (in ink) \_\_\_\_\_

Name (print/type) \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

**Do Not FAX this document unless requested by the Department of Ecology.**

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